

Zollinger & Burleson Ltd.
Post Office Box 2368
North Canton, Ohio 44720RECEIVED
CENTRAL FAX CENTER
JUL 25 2008Based on PTO/SB/21
which is approved for use through 2007-09TRANSMITTAL
(post-filing)

Application No.	10/565,606	Art Unit	1794
Filing Date	6 June 2006	Examiner Name	Higgins, G.
First Named Inventor	MARSHALL		

Client ref. 0-010527USWZFN

Firm ref. OS039a0nUS

ENCLOSURES

Where a number is included in parentheses below, it refers to the number of pages of each item.

<input checked="" type="checkbox"/> Amendment / Reply (7) <input type="checkbox"/> After final <input type="checkbox"/> Declaration(s) () <input checked="" type="checkbox"/> Extension of Time (1) <input type="checkbox"/> Express Abandonment Request () <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Letter () <input type="checkbox"/> Form 1449 / equivalent () <input type="checkbox"/> reference copies <input type="checkbox"/> Certified copy of priority document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Appl. () <input type="checkbox"/> Reply to Missing Parts under Rule 52 or 53	<input type="checkbox"/> Drawing(s) () <input type="checkbox"/> Licensing-related papers () <input type="checkbox"/> Petition () <input type="checkbox"/> Petition to convert to a prov'l appl. () <input type="checkbox"/> Terminal disclaimer () <input type="checkbox"/> Request for Refund () <input type="checkbox"/> CD(s) <input type="checkbox"/> Landscape table <input checked="" type="checkbox"/> Credit card payment (form PTO-2038) <input type="checkbox"/> Check	<input type="checkbox"/> After Allowance Communication to TC () <input type="checkbox"/> Appeal Communication () <input type="checkbox"/> to Board of Patent Appeals and Interferences <input type="checkbox"/> to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information () <input type="checkbox"/> Status letter () <input checked="" type="checkbox"/> Other enclosure(s) <input checked="" type="checkbox"/> Translation of DE 1063936 (3 pp.) <input type="checkbox"/> <input type="checkbox"/>
---	---	---

Where an Amendment is included, claim fees are computed as follows:

		Rate	Total	
Extra claims	18 - HP* =	0	\$50	\$0
Extra indep. claims	1 - HP* =	0	\$210	\$0
Extra mult. dep. claims	0 - HP* =	0	\$370	\$0

* HP is the highest number for which payment previously was made

☐ Small entity status is or already has been claimed.

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Signature	<i>David G. Burleson</i>	Date	July 25, 2008
Name	David G. Burleson	Registration No.	38,090

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that, on the date set forth below, this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the address set forth immediately below this certification (optionally including Mail Stop information) or is being transmitted by facsimile to the United States Patent and Trademark Office.			
Signature	<i>David G. Burleson</i>	Date	July 25, 2008
Name	David G. Burleson	Date	July 25, 2008

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450